

## COMPLIANCE CHECKLIST

### ► Psychiatric Outpatient Centers

The following Checklist is for plan review of hospital and clinic facilities, and is derived from the AIA Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000, Clinic Licensure Regulations 105 CMR 140.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each outpatient department.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

#### Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (\_\_\_\_) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (\_\_\_\_) before the section title (e.g. E EXAM ROOMS). If more than one space serves a given required function (e.g. exam room), two checklist symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.
 

<p><b>X</b> = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p><b>E</b> = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.</p>	<p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p><b>W</b> = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan &amp; list the requirement reference # on the affidavit).</p>
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3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **3.1-7** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
5. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**3.1-**") and the specific section number.

Facility Name:

.....

Facility Address:

.....

Satellite Name: (if applicable)

Building/Floor Location:

.....

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

.....

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS****3.1-1.4** ENVIRONMENT OF CARE

1.4.1 ☐ Design ensures patient acoustical & visual privacy

**3.1-1.6** FACILITY ACCESS

1.6.2 ☐ Building entrance  
☐ grade level  
☐ clearly marked  
☐ access separate from other activity areas  
 1.6.3 ☐ Design precludes unrelated traffic within the facility

**3.11-2** DIAGNOSTIC & TREATMENT AREAS

2.1 ☐ Consultation rooms ☐ Vent. min. 6 air ch./hr  
 2.2 ☐ Group rooms  
 2.2.1 ☐ small group room ☐ Vent. min. 6 air ch./hr  
 2.2.2 ☐ large group room ☐ Vent. min. 6 air ch./hr  
 2.3 ☐ Observation room ☐ Vent. min. 6 air ch./hr  
**3.1-2.1.4** ☐ location convenient to nurse station  
☐ min. 80 sf

**3.11-2.4** SUPPORT AREAS

**3.1-2.1.7.1** ☐ Nurse station  
☐ work counter ☐ Communication system  
☐ space for supplies  
☐ provisions for charting

**3.1-2.1.7.2** ☐ Drug distribution station ☐ Handwashing station

☐ check if service not included in facility

☐ supervised by nurses station

☐ work counter

☐ refrigerator

☐ locked storage for biologicals & drugs

2.4.3 ☐ Multipurpose room for conferences, meetings & health education (may be combined with group room)

2.4.4 ☐ Nourishment area

2.5.1 ☐ Staff toilet

☐ separate from public & patient facilities

☐ Staff lounge

**3.1-2.1.7.4** ☐ Clean storage

**3.1-2.1.7.5** ☐ Soiled holding room

☐ Clean storage

**3.1-2.1.7.6** ☐ Wheelchair storage

☐ out of the direct line of traffic

**3.11-3.1** PUBLIC AREAS

3.1.2 ☐ Building entrance

☐ accommodates wheelchairs

☐ convenient to parking

☐ accessible via public transportation

☐ separate entrance **or** ☐ shared lobby or elevators

☐ to outpatient facility ☐ handicapped access to

☐ from outside grade ☐ outpatient facility

☐ access route separate from

☐ unrelated occupied areas

☐ access route separate

☐ from service areas of the outpatient facility

☐ Facility entrance well marked, at grade level & secured

**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS****3.11-**

3.1.3.1

- ☐ Reception & information counter or desk  
     ☐ located for visual control of the entrance to the  
     psychiatric outpatient center  
     ☐ immediately apparent from entrance

3.1.4

- ☐ Waiting area

☐ Vent. min. 6 air ch./hr

3.1.4.1

- ☐ under staff control

3.1.4.2

- ☐ seating for at least 2 spaces for each consultation  
     room & 1.5 spaces for the combined projected  
     capacity at one time of the group rooms

3.1.4.4

- ☐ space for individuals on wheelchairs

3.1.4.3

- |                                               |           |                                                |
|-----------------------------------------------|-----------|------------------------------------------------|
| <input type="checkbox"/> Pediatrics service   | <b>or</b> | <input type="checkbox"/> No pediatrics service |
| <input type="checkbox"/> separate, controlled |           |                                                |
| <input type="checkbox"/> waiting area for     |           |                                                |
| <input type="checkbox"/> pediatric patients   |           |                                                |

4.2.2

- ☐ Direct or remote observation of all public areas, including  
     corridors

3.1.5

- ☐ Public toilet  
     ☐ immediately accessible to waiting area

☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)

3.1-4.1.5

- ☐ Telephones for public use  
     ☐ pay phones or wall-hung standard phones (local  
     calls)

3.1-4.1.6

- ☐ conveniently accessible

3.1-4.1.7

- ☐ Provisions for drinking water  
     ☐ conveniently accessible  
     ☐ Wheelchair storage  
     ☐ conveniently accessible

3.11-3.2

☐ ADMINISTRATIVE AREAS

3.2.1

- ☐ Interview space  
     ☐ provisions for privacy

3.2.2.1

- ☐ Business office  
     ☐ separate & enclosed  
     ☐ provisions for privacy

3.2.2.2

- ☐ Clerical space  
     ☐ separated from public areas to ensure confidentiality  
     ☐ Secure storage of patient records  
     ☐ provisions for ready retrieval.

3.2.4

- ☐ Office supply storage

3.1-3

☐ SERVICE AREAS

3.1.1

- ☐ Housekeeping room

☐ Floor receptor sink

3.1.1.1

- ☐ at least one housekeeping room per floor

☐ Vent. min. 10 air ch./hr (exhaust)

3.1.1.2

- ☐ storage for housekeeping supplies & equipment

3.2

- ☐ Engineering services & maintenance (may be shared with  
     other departments or building tenants)

3.2.1

- ☐ equipment room for boilers, mechanical equipment &  
     electrical equipment

3.2.2

- ☐ equipment & supply storage

3.3.1.1

- ☐ waste collection & storage

**GENERAL STANDARDS****DETAILS AND FINISHES (3.1-5.2)****Corridors (5.2.1.1)**

- \_\_\_ Min. outpatient corridor width 5'-0"
- \_\_\_ Min. staff corridor width 44"
- \_\_\_ Fixed & portable equipment recessed does not reduce required corridor width
- \_\_\_ No corridor alcoves (3.11-4.2.2.2)

**Ceiling height (5.2.1.2)**

- \_\_\_ Min. 7'-10", except:
- \_\_\_ 7'-8" in corridors, toilet rooms, storage room

**Exits (5.2.1.3)**

- \_\_\_ Two remote exits from each floor

**Doors (5.2.1.4)**

- \_\_\_ Doors for patient use min. 3'-0" wide

**Glazing (5.2.1.5):**

- \_\_\_ Safety glazing or no glazing within 18" of floor

**Handwashing stations locations (5.2.1.6)**

- \_\_\_ located for proper use & operation
- \_\_\_ sufficient clearance to side wall for blade handles

**Floors (5.2.2.2)**

- \_\_\_ Floors easily cleanable & wear-resistant
  - \_\_\_ washable flooring in rooms equipped with handwashing stations (Policy)
  - \_\_\_ wet-cleaned flooring resists detergents
- \_\_\_ Thresholds & expansion joints flush with floor surface (5.2.1.7)

**Walls (5.2.2.3)**

- \_\_\_ Wall finishes are washable
- \_\_\_ Smooth & moisture resistant finishes at plumbing fixtures

**Safety Provisions (3.11-4.3.1.1)**

- \_\_\_ Ceilings, walls, floors & windows are tamper-resistant in patient treatment areas.
- \_\_\_ Doors & grab bars are constructed so they do not allow suicide attempts & cannot be used as weapons.

**ELEVATORS**

- |                                                                                                                                                                                                                                                                |    |                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>___ Provide at least one elevator in multistory facility               <ul style="list-style-type: none"> <li>___ wheelchair accessible</li> <li>___ each elevator meets requirements of 3.1-6.2</li> </ul> </li> </ul> | or | <ul style="list-style-type: none"> <li>___ Each floor has an entrance located at outside grade level or handicapped accessible by ramp from outside grade level</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**PLUMBING****Handwashing station equipment**

- \_\_\_ handwashing sink
- \_\_\_ hot & cold water supply
- \_\_\_ soap dispenser
- \_\_\_ hand-drying provisions

**Sink controls (1.6-2.1.3.2)**

- \_\_\_ wrist controls or other hands-free controls at all handwashing sinks
- \_\_\_ blade handles max. 4½" long

**MECHANICAL ((3.1-7.2)**

- \_\_\_ Ventilation airflows provided per Table 2.1-2
- \_\_\_ Exhaust fans located at discharge end (7.2.5.3(1)(c))
- \_\_\_ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (7.2.5.4(1))
- \_\_\_ Contaminated exhaust outlets located above roof (7.2.5.4(2))
- \_\_\_ Ventilation openings at least 3" above floor (7.2.5.4(4))
- \_\_\_ At least one 30% efficiency filter bed per Table 3.1-1